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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/079,458	02/20/2002	William Frank Micka	TUC920010091US1 (14914)	6646
46263 7:	590 07/05/2006	EXAMINER		
SCULLY, SC 400 GARDEN	OTT, MURPHY, & PRE	CHOJNACKI, I	CHOJNACKI, MELLISSA M	
GARDEN CITY, NY 11530			ART UNIT	PAPER NUMBER
			2164	
			DATE MAILED: 07/05/2006	

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)				
Interview Summary	10/079,458	MICKA, WILLIAM FRANK				
interview Summary	Examiner	Art Unit				
	Mellissa M. Chojnacki	2164				
All participants (applicant, applicant's representative, PTO personnel):						
(1) Mellissa M. Chojnacki.	(3)					
(2)	(4)					
Date of Interview: 26 June 2006.						
Type: a)☐ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant 2)☐ applicant's representative]						
Exhibit shown or demonstration conducted: d) Yes e) No. If Yes, brief description:						
Claim(s) discussed:						
Identification of prior art discussed:						
Agreement with respect to the claims f) was reached. g) was not reached. h) № N/A.						
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Examiner agrees to re-send the Non-Final office action sent 3/24/2006 because the examiners SPE did not sign the action. Re-sending the office action with the examiners SPE signature will reset the period for response to 3 months.						
(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)						
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.						
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	<u>Mullioso</u> Examiner's sign	M Chrynacellature, if required				
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